PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450
or Fax (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FFE and PUBLICATION FFE (if required). Blocks 1 through 5 should be completed where

appropriate. All further indicated unless correct maintenance fee notific	ted below or directed ot	ng the Patent, advance of herwise in Block 1, by	orders and notification of (a) specifying a new corre	maintenance fees v spondence address	vill be mailed to the current; and/or (b) indicating a sep	correspondence address as arate "FEE ADDRESS" for
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)				Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.		
20873	7590 12/2	1/2007	nav	_		
Locke Lord Bissell & Liddell LLP Attn: Michael Ritchie, Docketing 2200 Ross Avenue Suite # 2200				Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.		
DALLAS, TX 75201-6776				(Depositor's name)		
	0201 0770					(Signature)
						(Date)
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR	i	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/617,868 07/17/2000		Thomas J. Shaw			575329.77432	8293
TITLE OF INVENTION	ERACIABLE SYN	unge assembly de:	SIGNED FOR ONE USE			
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE	FEE TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$720	\$0	\$ 0	\$720	03/21/2008
EXAMINER		ART UNIT	CLASS-SUBCLASS			
MACNEILL, ELIZABETH 1. Change of correspondence address or indication		3767	604-195000			
"Fee Address" ind PTO/SB/47; Rev 03-0 Number is required. 3. ASSIGNEE NAME A	ess an assignee is identi h in 37 CFR 3.11. Comp	"Indication form cd. Use of a Customer A TO BE PRINTED ON	or agents OR, alternative (2) the name of a single registered attorney or a 2 registered patent attolered, no name will be THE PATENT (print or type data will appear on the part of the patent of the	c firm (having as a gent) and the name meys or agents. If r printed. c) tent. If an assigner assignment.	es of up to 3	ocument has been filed for
Please check the appropri					rporation or other private gro	
4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) Issue Fee						
5. Change in Entity Stat	us (from status indicated SMALL ENTITY status				L ENTITY status. See 37 CF	
			from anyone other than the Office.	e applicant; a regis	tered attorney or agent; or the	assignee or other party in
Authorized Signature		NIVIN				
Typed or printed name		2. ROG	15		12-28- 2889	
,					e public which is to file (and inutes to complete, including aments on the amount of tim rademark Office, U.S. Depar SEND TO: Commissioner for splays a valid OMB control results.	